		$ec{q}$.
TURN must be made for each, and the number of each in scared.	ARIZONA STATE BOUREAU OF VIT	TAL STATISTICS Registered No.
	County Vila	State Myona
	District or Township.	or Village F 16 A 160
	City Mauri No. Mann (If birth occur	- husination Las 10 St. Ward red in a hospital or institution, give its NAME instead of street and number)
	2. Full name of child fewel Kay Childers	
	3. Sex of Child To be answered ONLY in event of plural	of birth face
	/ 0.000	14. MOTHER
	8. FATHER Full name Glewell Kenneth Childers	Full maiden name Helen anna Bish.
	9. Residence (Usual place of abode) Manni . Aigon	15. Residence (Usual place of abode) Manni, Anyon If non-resident, give place and state.
	If non-resident, give place and state.	16. Color or race
TE RET birth 8	10. Color or race White 11. Age at last birthday 22 (Years)	White 17. Age at last birthday 18 (Years)
ot more than one child at a birth, a SEPARA	12. Birthplace (city or place)	18. Birthplace (city or place)
	(State or country) Texas	(State or country)
	13. Occupation Laborer, Parula Laure, Nature of industry Cardia Mineral	19. Occupation Nature of Industry Three Territoria
	(00)7700	21. Were precautions taken against oph-
	20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.) (a) Born alive a (b) Born alive b (c) Stillborn	out now dead O the man dead the man dead the man dead
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
	I hereby certify that I attended the birth of this child, who was	(Born alive ox stiffborn.)
	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	and.
180	child is one that neither breathes nor shows other evidence of life after birth.	Mini 'agros
) u)—;	Given name added from a supplemental report Month, day, year	une 12,59 6 6 orm
ي غ د	Registrar	Registrar
	132 ~ 60	1 - 5 2 D